



For Internal Use Only

Date Received _____

Entered By: _____

AUTHORIZATION FOR WITHDRAWAL**Date of Request:** _____

*Please note that it may take 7-14 business days to receive payment..

Please complete and submit this form to authorize withdrawal of funds from your LiLA account for approved education and training activities.

1) LiLA ACCOUNT OWNER INFORMATION

LiLA Employee Account Number: _____ SSN#: _____

Mailing Address: _____ Home Phone Number: _____

City/State/Zip: _____ Work Phone Number: _____

Email Address: _____ Cell Phone Number: _____

2) EDUCATION AND TRAINING PROVIDER

Name of education/training provider: _____

Address: _____

City: _____ State: _____ Zip code: _____

Education/Training start date: _____ Education/Training completion date: _____

3) AUTHORIZATION

I hereby authorize the Washington State Lifelong Learning Account Program (LiLA) to withdraw funds in the amount indicated below from my LiLA Savings Account. I understand that the LiLA Program Administrator will approve payment only upon submission and approval of Form E-Step 3 of my Career Development Plan. I understand that the total account balance available to me for approved education and training activities will be the sum of my account contributions plus the amount of matching contributions made by my employer. I understand that a check will be issued directly to me for the requested amount or an amount not to exceed the combined total amount of my and my employer's contributions.

☐ Form E-Step 3 Attached

Withdrawal Amount Requested \$ _____

*LiLA Account Owner Signature*_____
*Date***(See reverse side for mailing instructions)****LiLA Administrator Approval**☐ Form E CDP Step 1 Submitted/Approved

Employee Account Balance \$ _____

☐ Form E CDP Step 2 Submitted/Approved

Employer Matching Funds \$ _____

☐ Form E CDP Step 3 Submitted/Approved

Total Available LiLA Funds \$ _____

Amount Requested \$ _____

Amount Approved for Payment \$ _____

*LiLA Program Administrator Signature*_____
Date

FORM F

Please send completed form with attached Career Development Plan Form E-Step 3 to:

Workforce Training and Education Coordinating Board

Attn: Patrick Woods, LiLA Program Administrator

128 - 10th Avenue, SW

Olympia, WA 98504-3105

Phone: 360.664-4232

Email: pwoods@wtb.wa.gov